20-61-UD APR 1 1 2005 PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number RADEMAR Application Number 09/932,236 **TRANSMITTAL** Filing Date August 16, 2001 **FORM** First Named Inventor Haining Yang Art Unit 2813 **Examiner Name** Hogans, David L. (to be used for all correspondence after initial filing) Attorney Docket Number MI22-1725 Total Number of Pages in This Submission

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ENCLOSURES (Check all that apply)			
X	Fee Transmittal Form	Drawing(s)	owance Communication to TC
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	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Reques	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) (Appeal N Proprieta Chapter I Attach CA (Appeal N Proprieta Check I Check I Check I	Communication to TC Notice, Brief, Reply Brief) ary Information etter nclosure(s) (please Identify Receipt Postcard No. 146161 for \$180.00 PTO 1449
	Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1	Remarks .	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name Wells St. John P.S.		.S.	
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Printed name Robert,C. Hyta			
Date	4/11/05	Reg. No. 46,791	
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004 ant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/932,236 Application Number TRANSMITTA Filing Date August 16, 2001 For FY 2005 First Named Inventor Haining Yang Examiner Name Hogans, David L Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2813 TOTAL AMOUNT OF PAYMENT 180.00 Attorney Docket No. MI22-1725 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Wells St. John P.S. Deposit Account Deposit Account Number: 23-0925 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 200 500 250 100 200 Design 100 100 50 130 65 Plant 200 100 300 160 80 150 300 600 Reissue 500 150 250 300 Provisional 200 100 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Total Claims Extra Claims** Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) -3 or HP =HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets Extra Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement 180.00

SUBMITTED BY Registration No. 46,791 Telephone (509) 624-4276 Signature (Attorney/Agent) Name (Print/Type) Robert C. Hyta

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